
The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
<http://www.navy.mil>

Navy & Marine Corps Medical News

MN-98-50

Dec 18, 1998

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

-USN-

Contents for this week's MEDNEWS:

Headline: Naval Hospital staffers involved in life-saving holiday adventures

Headline: War gaming helps define medical support planning

Headline: Navy Liaison Service sets high standard at Army medical center

Headline: Breast health compact disk, web site attack fear, ignorance

Headline: Medical Logistics Command helps rededicate memorial park

Headline: Navy oncologist receives recognition from cancer treatment group

Headline: Healthy resolutions for the New Year

Headline: TRICARE question and answer

Headline: Healthwatch: Managing arthritis pain with proven methods

-USN-

Headline: Naval Hospital staffers involved in life-saving holiday adventures

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- 'Tis the season to be jolly' and there are two Northwest Florida families and Naval Hospital Pensacola staff members who have every right to be in the spirit of the holidays.

Hospitalman Apprentice Travis Harmon and LCDR Mike Hall, Medical Corps, were involved in two separate life-saving holiday "adventures" here in the early part of the holiday season.

Harmon, who works in the labor and delivery department at the hospital, was shopping at a local mall and came across Santa Claus giving cardiopulmonary resuscitation, or CPR, to a 4-month-old baby who had stopped breathing following a photo session with the jolly one.

The Sailor, who only a week before had gone through a neonatal CPR course at the Naval Hospital, initially thought all the commotion around Santa's Village involved picture taking with St. Nick. But that was not the case as Harmon learned when someone told him that a baby wasn't breathing.

Harmon, who is the son of a retired Master Chief Hospital

Corpsman, pushed his way to the front where he saw a ghost-white baby with blue lips.

"The baby had a pulse, but his eyes weren't open. He wasn't breathing," said the 1997 Fairfield, Pa. High School graduate.

"A million things are going through your mind at that moment," said Harmon. "And then the training just goes right into affect: is the baby ill, is it a mild cold? Is the baby taking medication?"

While Santa was listening for resuscitative sounds from the baby, Harmon instructed the mother to start rubbing the baby's back. In the meantime, the Sailor took a foot in each of his hands, and with his thumb on the bottom and index and middle fingers atop, Harmon attempted to "stimulate" the infant by rubbing his feet -- occasionally he would rub his hand briskly across the baby's sternum.

What must have seemed like an eternity to Harmon lasted less than a minute, the baby opened his eyes, let out a scream and began breathing on his own again.

"Nothing really hit me until after the paramedics got there and took charge of the scene," Harmon said.

"Afterwards, I was shaking and nervous and had to go sit down."

The Sailor said the baby's mom was grateful, and he later saw the family. "They thanked me. Their smiles gave me a good feeling," he said.

Harmon received a certificate of appreciation for heroism from the Pensacola Police Department's Assistant Chief of Police Jerry Potts.

Harmon joined the Navy because he likes traveling. "I would sometimes go to work with my Dad to the clinics and hospitals. It was neat to me," he said.

The rescue group conducted a re-enactment of the events for a CBS-TV special, "The American Red Cross Celebrates Real Life Miracles," hosted by Elizabeth Dole. The program will be broadcast Christmas Eve (Dec. 24) at 7 p.m. (Central Time).

Naval Hospital Pensacola's Hall is president of the Pensacola Runners Association, which recently hosted a "1.5 Mile Christmas Dash" before the annual Pensacola Christmas Parade.

At the end of the run, Dr. Hall was standing at the finish line when an 81-year-old runner collapsed in the street because of a heart attack.

"He was dead," said Hall, a Nashville, Tenn., native. "I did CPR until the paramedics arrived, then we shocked him, getting him back into a good rhythm and off they went," to a local hospital's emergency room.

"I understand he coded again on the way and the emergency medical technicians had to give him a second shock," he said.

But the good news is that the elderly gentleman survived because of Hall's quick and decisive action.

Headline: War gaming helps define medical support planning
By CDR M.B. Harrahill, Medical Service Corps, Bureau of
Medicine and Surgery

WASHINGTON -- In future American military operations, Navy Medicine may find that its assets are supporting more than Navy and Marine Corps units. In the projected joint service operations arena, Navy medical teams may be supporting Army units in one place, Air Force units in another, while still supporting Marine Corps amphibious forces and Navy sea operations.

To help refine an understanding of the requirements of operating in a joint situation, more than 100 Navy Medical Department representatives met at the Deployable Medical Platforms Integrated Logistics Support, also known as DMPILS, Conference in Hagerstown, Md., in late October. Today's evaluation of that conference offers focused planning considerations for Navy Medicine.

During the conference, information was presented on Fleet Marine Force medical assets, positioning and logistics considerations for Casualty Receiving and Treatment Ships and Fleet Hospital operations. It became clear that working together and sharing the information would allow medical teams to be more responsive to a tactical situation.

The conference also provided opportunities to review other service medical capabilities that contribute to timely medical support. Navy and Marine Corps operations doctrine helped the teams learn how reserve medical forces could be integrated. The medical teams also reviewed evolving technology and equipment that will be available to them in future operations.

But the conference participants did more than gain an appreciation of operating in a joint atmosphere and applying team planning. They put that information to use in "war games," where models and simulations represented actual military forces to determine medical reaction during a combat situation. DMPILS Team members were given specific game moves and asked to determine how Sailors, Marines and Soldiers could be protected, as well as determine when casualties could be evacuated.

Their war game evolved from an actual combat situation that occurred in Somalia in 1993, when elite units of the US Army's Rangers and Delta Force were ambushed by Somali men, women and children armed with automatic weapons.

Ultimately, 18 Americans were killed and 84 were wounded in the firefight.

By studying the medical crises during this firefight, the medical teams gained valuable insight into how they would be most useful to commanders during combat in urban environments. This urban warfare situation helped DMPILS participants determine tactical moves, given certain medical assets availability, and examine ways to provide health care to war fighters not only in 1998, they also projected those techniques for the years 2005 and 2010.

Medical considerations derived from the scenario included future use of techniques such as far-forward surgery rather than waiting for evacuation, performing "buddy" care and rapid evacuation out of theater.

The Mogadishu scenario also showed the DMPILS teams that other complications might affect their efforts during urban combat. The enemy may be difficult to identify, the environment is out of control and planning becomes difficult.

-USN-

Headline: Navy Liaison Service sets high standard at Army medical center

By LT William Prevo, Medical Service Corps, U.S. Naval Medical Clinics United Kingdom

LONDON -- On any given day, Sailors and Marines requiring follow-on medical care arrive at the Landstuhl Regional Medical Center in Germany from shore stations in Spain, Italy, Greece, Turkey, Bahrain and Africa or from deployed ships and submarines at sea. Here, the Naval service patients receive the best care the Army medical center's personnel can provide.

Recently, before a crowd of 300 hospital staff and patients, the Navy liaison Support Services staff celebrated the grand opening of its newly refurbished office spaces at the Landstuhl Regional Medical Center.

According to the Navy Liaison Office's Leading Chief Petty Officer, Chief Hospital Corpsman Pamela Kuckenbrod, her unit eases the process for Naval service personnel being processed into the medical center.

"Our goal is to lessen the administrative burden for our patients and to ensure that the communication lines are kept open between the patient, their parent command and the hospital staff," she said. "By conducting a check-in interview with each patient, medical and administrative issues can be identified and resolved quickly."

The Navy Liaison serves as the grass roots link with all of Landstuhl's resources, and has access to all levels of service within the medical center's organization. Whether you are located at Landstuhl or somewhere in the Atlantic or even Pacific Ocean, one phone call to Navy Liaison will answer all your questions regarding the status of Sailors or Marines being treated at Landstuhl.

Knowledge of Landstuhl's organization, policies, and operations is just part of the job description for Navy Liaison personnel. An understanding of Army patient administration, personnel and disbursing programs also play a big role in breaking down the barriers that sometimes exist for Navy and Marine Corps personnel being treated in an Army medical treatment facility.

Landstuhl operates a similar service for their Army personnel known as the Referral Concierge Service. The Army hospital staff was so pleased with how the Navy serves its

customers that Landstuhl's Commander, Colonel Robert Harvey, announced Landstuhl will now model their Referral Concierge Service after the Navy Liaison Service.

With over 19 years of naval service Kuckenbrod summed up her experience thus far at Landstuhl. "This position has been the most gratifying and rewarding experience I have ever had in serving Navy and U.S. Marine Corps patients." In fact, Kuckenbrod is so happy with her job at Landstuhl, she extended her tour of duty until January 2000.

-USN-

Headline: Breast health compact disk, web site attack fear, ignorance

By Douglas J. Gillert, American Forces Press Service

SAN ANTONIO, Texas -- Susan Ford-Boles, national spokesperson for Breast Cancer Awareness Month, narrates an 11-minute video introduction. A glossary guides you through a 250-page text. A "decision tree" helps women assess their own cancer risks. "Do you want to know more?" is the most frequently asked question.

All these and everything else you probably ever wanted to know about breast cancer, but were afraid to ask, is on "Breast Health -- Your Decision," a new DoD-funded CD-ROM. The program is also available on the Internet by visiting <http://www.tricarew.af.mil/> and clicking on the "Breast Cancer Awareness" graphic.

Dr. Michael Freckleton, an Air Force Reserve major assigned to Wilford Hall Medical Center here, conceived and designed the multimedia package. His goal was to provide women, their family members and physicians a single, comprehensive package of information that would ease anxieties and promote early detection and treatment of breast cancer.

"Ignorance is the worst factor in breast cancer," Freckleton said. "If we educate people about breast cancer, they're going to be less fearful of it and may find it earlier. If we find the cancer early, we can better treat it."

The program uses a Victorian town theme with eight buildings, each containing information related to its name. For example, the visitor's center has information on the rest of the "town," and on each of the program's functions. The medical text, written in both lay and medical terms, is the backbone of both the CD-ROM and Web site. You can follow the menu of topics or consult the glossary of terms. Each topic is layered, moving from basic information to as much detail as you want, Freckleton said. At the town's gazebo, women relate their personal stories. You can listen to them discuss their experiences collectively, or click on any of them individually for more details. Many of the answers to your questions will lead again and again to the movie theater.

Three videos cover what Freckleton calls "the pillars of breast health care": personal examination, clinical

examination and mammography. Videos combined with text, graphics and photographs cover radiation therapy, surgical procedures and reconstruction.

"You can choose how much information you want to know," said project coordinator LouAnn Caywood. "You may not be ready, for example, to watch a video on breast reconstruction if you've just learned you have breast cancer." That level of detail is there, however, as is information about various treatment regimens. A last stop "in town" should be the general store, which contains information about resources, support groups, breast forms and clothing.

The DoD Breast Cancer Initiative funded development and distribution of the breast care CD, Freckleton said. The initiative is designed to heighten awareness of breast care among beneficiaries of the defense health plan; increase research into detection, treatment and prevention of breast cancer; and make mammograms and other breast health programs more accessible.

He said it took two years, more than 15 physicians and 75 people in all to produce the CD-ROM and Web site. Both products will be updated concurrently, with the first update due in December.

The first 2,000 disks TRICARE Southwest distributed in 1998 were an instant hit, Caywood said. "We showed it at a San Antonio health fair in May, and women who had been diagnosed with breast cancer were elated," she said. "One told me, 'I'm going to share this with my daughter.'" Caywood said she wishes she'd had the CD-ROM 10 years ago, when her mother was diagnosed with breast cancer. "It would have greatly reduced my anxiety," she said. "Anxiety creates an unnatural response, such as denial. If we alleviate fear, we're more likely to get a natural response, which is to go get help."

Although you can't get individual personal copies of the CD-ROM, Freckleton said, every military hospital and clinic received copies and will receive all future updates. Contact your base hospital or clinic health benefits adviser or TRICARE Service Center.

-USN-

Headline: Medical Logistics Command helps rededicate memorial park

By CDR Shari Kirshner, Medical Service Corps, Navy Medical Logistics Command

FREDERICK, Md. -- Navy Medical Logistics Command personnel recently showed that Navy Medicine believes in community involvement. A color guard from the Command joined other services' color guards from FT. Dietrich and veteran's associations from around the county in a memorial park rededication ceremony honoring veterans of past wars. The ceremony consisted of numerous color guards from other services and veteran's associations. Part of the event was presentation by Naval Medical Logistics Command of

a ship's bell for the park. The bell belonged to the cruiser USS Maryland, later named the USS Frederick, which served in the Atlantic during World War I. LCDR Mitchell Reading, Medical Service Corps, was the Navy representative in the honor group that performed the first ceremonial ringing of the bell as a part of the memorial park.

With the recent completion of a Vietnam Memorial, the historic Memorial Grounds Park is now the only park in the State of Maryland featuring memorials to all veterans. The rededication came 71 years following its original dedication.

A new statue of victory was erected during the rededication as a tribute to the 2,095 Soldiers, Sailors, Marines and Airmen from Frederick County who served during the time of conflict. A special tribute was given to the 83 young men from the county who died during the war.

-USN-

HEADLINE: Navy oncologist receives recognition from cancer treatment group

By LT Youssef H. Aboul-Enein, Medical Service Corps, Naval Hospital Great Lakes.

GREAT LAKES, Ill. -- LCDR Thomas K. Overett, Medical Corps, an oncologist and surgeon at Naval Hospital Great Lakes has received a three-year appointment as Cancer Liaison Physician for the region. Overett will provide leadership and guidance to the approvals program and other Commission on Cancer activities. According to Overett, "The approvals program analyzes appropriate treatment of cancer patients from procedures and techniques of cancer treatment to maintaining records and patient management."

The Commission on Cancer Approvals Program also allows for conformity and established standards for participating hospitals, enabling them to provide the best programs for the diagnosis and treatment of cancer. Overett will also provide community leadership by volunteering at the divisional level of the American Cancer Society. Overett completed a fellowship in oncology at the Memorial Sloan-Kettering Medical Center in New York and was in private practice before joining Navy Medicine. His father was a World War II Navy Veteran, who served as a Seabee and Electrician's Mate Second Class.

-USN-

Headline: Healthy Resolutions for the new year
By Karen Murphy, Navy Environmental Health Center

NORFOLK, Va. -- If making resolutions is an annual ritual you observe along with New Year's celebrations, parades and football games, here's some advice from the experts in Navy Health Promotion.

Leigh Houck, Health Promotion Department, National Naval Medical Center, Bethesda, Md., sees many people who want to lose

weight and stop smoking in the New Year.

Tony Marshall, Health Promotion Department, Naval Medical Center, San

Diego, considers the New Year a golden opportunity to make a change toward a healthier lifestyle. He offers six strategies for successful resolutions.

- Tackle one resolution at a time; focus on one habit.
- Be realistic; set modest goals.
- Reward yourself.
- Don't become discouraged. If you don't reach your goal during the designated time period, don't quit. One overindulgence in food or tobacco doesn't mean you're a failure.
- Think positive! Focus on things you're doing right, and give yourself a pat on the back.
- Finally, get support. Health promotion, command DAPA, fitness coordinators and tobacco cessation resources are there to help. Give them a call.

Dr. Mark Long, Health Promotion Program Manager, Navy Environmental

Health Center, Norfolk, Va., advises writing the goal down, keeping it within eyesight and getting help from others. He also likes verbal affirmation, especially positive self talk in the present tense.

"One approach to New Year's resolutions may be to switch the focus and consider beginning a new healthy behavior," Long suggests.

Lynn Klanchar, Program Manager in Health Promotion at Navy Environmental Health Center, offers a different way to look at New Year's resolutions.

"Instead of making a resolution, I do a simple, but effective exercise with my closest friends and family members during the transition to the New Year," said Klanchar. "Reflect on two questions: What was your happiest day in 1998? Take time to think about this and discuss the meaning. What is the one thing that would significantly change your life for the better if you did it?"

The tradition of New Year's resolutions evolved from cultural and religious origins that incorporate concepts such as reflection, repentance, hope for the future and renewal. In 153 B.C., January became the first month of the calendar year, named after the Roman god, Janus. Janus possesses two faces, allowing him to simultaneously look back on past events, and look forward toward the future. Look forward to better health!

-USN-

Headline: TRICARE question and answer

Question: I'm a Prime enrollee and I want my new baby enrolled in TRICARE Prime. How do I do this?

Answer: You can contact a TRICARE Service Center to enroll your newborn. A baby must be enrolled 120 days after birth. Newborns of a Prime family are covered by Prime for a period of 120 days, assuming the child is registered in DEERS. At the 121st day, if there has been no action taken

to enroll the infant, claims from date of birth to present will be paid under Standard or Extra.

-USN-

Headline: Healthwatch: Managing arthritis pain with proven methods

By Kimberly A. Rawlings, Bureau of Medicine and Surgery

WASHINGTON -- Suffering with arthritis can be a pain, but finding a remedy that work can be an even bigger pain.

More than 50 million Americans suffer from more than 100 varied forms of the painful and frequently chronic disease that plagues the joints. Often, people have the misconception that nothing can be done to relieve pain and take matters into their own hands flocking to kitchen cabinet, local pharmacies and sports and herbal stores.

"The herbal medicine craze is really very popular. To date I have not seen any good scientific studies to support many of their components," said Dr. Stephen Plotnick, rheumatologist at Naval Medical Center Portsmouth.

Using unproven remedies or old wives tales, people use everything from copper bracelets to snake venom to ease the pain. Other examples of unproven remedies include magnets, mineral springs, vibrators, vinegar and honey, large doses of vitamins, and drugs with hidden ingredients such as steroids.

"In fact, a number of these agents are potentially harmful and may interact with other medications," said Plotnick.

Aside from the possible harmful effects, unproven treatments can also give arthritis sufferers a false sense of being healed. According to Dr. Plotnick, this is the placebo effect, which in most controlled scientific studies typically results in 30-40 percent of people on a placebo improving with regards to pain and even joint swelling.

According to the Arthritis Foundation, whether the unproven remedies are harmless or not, they still may have a detrimental effect if it causes a person to stop proven treatments recommended from a knowledgeable physician.

Despite the misconceptions, treatments for arthritic conditions do exist, but vary amongst the types of arthritis.

"One non-medicinal modality that I find works very well with many types of arthritis is water based aerobics," said Plotnick. "It strengthens and stretches the muscles and ligaments supporting the joints, in the comfort of the buoyancy of a warm pool. Several studies have found this to improve functional ability, walking speed, pain and sleep quality. It's also pretty good in getting weight down," he added.

Several studies have shown results of water based aerobics to improved sleep quality and functional ability for walking distances and pain.

For the best diagnosis consult an arthritis specialist or rheumatologist to receive the appropriate proven medications

and non-pharmaceutical approaches.

The Arthritis Foundation recommends the following ways to manage the pain of arthritis, while under a physician's care:

1. Take control - Keep a positive attitude and try not to dwell on the pain. Focus on something outside of the body to distract from physical discomfort.
2. Take medication wisely - Many medicines control the pain and swelling of arthritis. Work with a physician to find the medication that works best.
3. Exercise regularly - A regular, appropriate exercise program designed with the aid of a doctor or physical therapist.
4. Use joints wisely - Learn how to perform tasks in ways that reduce stress.
5. Save your energy -- Listen to body for signals that it needs rest.
6. Use devices - Devices such as splints and braces can help stabilize joints, provide strength and reduce pain and inflammation.
7. Use heat or cold treatments - Heat or cold treatments can reduce the pain and stiffness. Consult a physician for the correct way to use these treatments for pain relief.
8. Get enough sleep - Sleep restores energy to better manage pain. It also rests joints.
9. Consider massage - Massages bring warmth and sooth sore areas. Ask a physician to recommend a professionally trained masseuse for people with arthritis.
10. Practice relaxation techniques - Learning relaxation techniques to reverse the effects of stress as well as give a sense of well being and control that make it easier to manage the pain.

In spite of the advantages of these exercises Plotnick stresses that these methods are underused. Often there is a reflex to simply dispense a pill. Exercises can almost universally be done safely, typically isometrically, to strengthen the natural 'shock absorber' supporting the joints. This is a very effective way to reduce pain," Plotnick said.

-USN-

Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

-USN-

-USN-